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033004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

## UTILITY PATENT APPLICATION TRANSMITTAL

### CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that on **March 30, 2004** this document and all listed attachments are being deposited with the United States Postal Service in an envelope as "Express Mail Post Office to Addressee" mailing Label Number **EU 725 247 684 US** addressed to the Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**GAYLE VINSON**

(Type or Print name of person mailing paper)

(Signature of person mailing paper)

Attorney Docket No. **0179.0047**

First Inventor: **Dana BLAIR**

Title: **PIGMENTED PANEL ASSEMBLY**

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Transmitted herewith for filing in the above-identified patent application are:

<input checked="" type="checkbox"/> Transmittal/Fee Calculation	<input type="checkbox"/> Oath and Declaration	<input type="checkbox"/> Copies of IDS References
<input checked="" type="checkbox"/> Application Data Sheet	<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Sequence Listing
<input checked="" type="checkbox"/> Specification [Total Pages 16]	<input type="checkbox"/> Assignment (incl. Cover Sheet)	<input type="checkbox"/> Computer-Readable Copy
<input checked="" type="checkbox"/> Drawings [Total Sheets 2]	<input type="checkbox"/> Information Disclosure Statement	<input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FEE CALCULATION:** The filing fee has been calculated as shown below:

For	Claims Filed	No. Extra	Small Entity Rate	Small Entity Fee	Standard Rate	Standard Fee
Basic Fee				<b>\$385.00</b>		<b>\$770.00 ..</b>
Total Claims	33 - 20 =	13	x \$ 9.00		x \$ 18.00	234.00
Independent Claims	3 - 3 =	0	x \$ 43.00		x \$ 86.00	0.00
<input type="checkbox"/> Multiple Dependent Claims Presented			+ \$145.00		+ \$290.00	0.00
			<b>Total</b>		<b>Total</b>	<b>1004.00</b>

### METHOD OF PAYMENT

- ☒ The Commissioner is hereby authorized to charge deficiency in indicated fees and credit any overpayments to:

Deposit Account No. **50-1811**

Deposit Account Name **David J. Oldenkamp**

- ☒ Charge any additional fees Required Under 37 CFR 1.16 and 1.17

- ☐ Applicant claims small entity status 37 CFR 1.27

### ☒ Payment Enclosed:

- ☒ Check ☐ Credit Card ☐ Money Order ☐ Other

Respectfully submitted,

*David J. Oldenkamp*

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Dated: **March 30, 2004**

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